



**Executive Board of the  
United Nations Development  
Programme and of the  
United Nations Population Fund**

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**UNITED NATIONS POPULATION FUND**

**Country programme for Morocco**

Proposed UNFPA assistance: \$15 million: \$8 million from regular resources and \$7 million through co-financing modalities and/or other, including regular, resources

Programme period: 5 years (2007-2011)

Cycle of assistance: Seventh

Category per decision 2005/13: B

Proposed assistance by core programme area (in millions of \$):

	Regular resources	Other	Total
Reproductive health	5.3	4.9	10.2
Population and development	1.4	1.4	2.8
Gender	0.8	0.7	1.5
Programme coordination and assistance	0.5	-	0.5
<b>Total</b>	<b>8.0</b>	<b>7.0</b>	<b>15.0</b>

## I. Situation analysis

1. The 2004 census indicated that Morocco has 29.7 million inhabitants, 45 per cent of whom live in rural areas. With an annual population growth rate of 1.4 per cent, a total fertility rate of 2.5 children per woman, and an age at first marriage of 30 years, Morocco is in the final phase of its demographic transition. This calls for new approaches to meet the reproductive needs and rights of the population, and for population policies that take advantage of the demographic gains, translating them into economic growth.

2. Morocco has a per capita gross domestic product (GDP) of \$1,677 and an annual GDP growth rate of 2.8 per cent. In 2004, 9.7 per cent of the population (16.4 per cent in rural areas) was living on less than \$2 a day. The unemployment rate was 11 per cent nationwide, and 18 per cent in urban areas.

3. The primary school enrolment ratio is 87 per cent and the secondary school enrolment ratio is 32 per cent. However, completion rates are very low, particularly in rural areas, where the rate is 40 per cent at the primary school level and only 20 per cent at the secondary school level. Drop-out rates are high, especially among girls. The illiteracy rate is 40 per cent, but is 67 per cent among women.

4. The contraceptive prevalence rate is 63 per cent at the national level, and 38 per cent in rural areas. Sixty-one per cent of births are assisted by skilled attendants. Nevertheless, the maternal mortality ratio and infant mortality rate are both high, at 227 deaths per 100,000 live births and 27 deaths per 1,000 live births, respectively. The Government is reforming its hospital service and decentralizing its health-care system.

5. About 350,000 cases of sexually transmitted infections (STIs) are reported annually. While the HIV prevalence rate is low among the general population, at 0.1 per cent, it is rising rapidly, particularly among women (who account for 45 per cent of AIDS cases), and among vulnerable groups.

6. Adolescents and youth constitute 30 per cent of the population and are increasingly exposed to substance abuse, STIs and problems related to urbanization, migration, insufficient schooling, unemployment and poverty. Programmes to protect young people are limited, and there is no clear youth policy. Seventy per cent of new HIV infection cases are among youth, and surveys indicate a lack of knowledge about STIs and HIV/AIDS. Their access to reproductive health information and services is also limited.

7. Gender equity concerns are receiving increased attention. The Government adopted a new family code in 2004, and revised laws to protect and promote women's rights. Gender-based violence is a growing concern; the Government and civil society are developing a national plan to prevent it. While women's participation in socio-economic and political spheres is increasing, it is limited at the decision-making level; women hold only 19 per cent of judicial posts and only 10 per cent of parliamentary seats.

8. Morocco ranks 124 out of 177 countries on the human development index. The national human development initiative, launched in 2005 by King Mohammed VI, will help to achieve several Millennium Development Goals by focusing on the poorest rural and urban communities and by building the capacity of poor communities and marginalized groups. Due to its economic and geographical situation, Morocco is experiencing a rural-to-urban population shift; emigration to Europe; and illegal migratory transit from sub-Saharan countries to Europe, estimated at 40,000 persons in 2005.

## II. Past cooperation and lessons learned

9. The sixth country programme (2002-2006) contributed to improved reproductive and sexual health services for Moroccan couples and individuals throughout their life cycles, and to gender equality and the empowerment of women. The programme totalled \$12.5 million: \$7.5 million from regular resources and \$5 million from other sources. In addition, several government ministries

provided cost-sharing in the amount of \$2.5 million. Expenditures are estimated at \$13 million.

10. The midterm review found that the country programme helped to expand good practices to different areas of the country. National institutions adopted the programme, and the Government intends to extend and integrate these practices into sectoral reform and decentralization efforts.

11. In the area of safe motherhood, the programme supported emergency obstetric care interventions, providing critical inputs for the updated national maternal mortality strategy. The programme piloted community-based interventions to increase access of underserved rural populations to reproductive health services. These pilot interventions were effective when conducted with the participation of concerned communities, particularly women and youth.

12. The programme also piloted a multisectoral programme for young adults in five regions of the country. Carried out with the Ministries of Health, Youth and Education, the programme promoted youth reproductive health issues and the inclusion and participation of young people in society. The strategies and approaches used in the programme proved to be effective in responding to the needs of youth in a comprehensive, coordinated and integrated manner. Extending and institutionalizing different components of that programme, including youth-friendly health services and peer education, have become a national priority.

13. In the area of gender, the sixth country programme supported national reforms to enhance women's rights and combat gender-based violence. The formulation and implementation of a multisectoral plan on gender-based violence was effective in bringing together various government departments and national NGOs to combat such violence. For example, the programme created support units in hospitals, courts and police stations for victims of gender-based violence as well as legal and social support in NGO centres. The institutional gender audit conducted by the Government highlighted gender discrepancies and

brought about greater political and budgetary commitments for women.

14. Finally, to promote access to and the use of statistical and demographic data in planning and decision-making at local levels, UNFPA helped to build expertise in various regions of the country. This included building capacity to integrate population strategies and gender-based approaches into local planning processes and the piloting of regional and provincial databases.

### III. Proposed programme

15. Based on the findings of the common country assessment, the seventh country programme will contribute to four priorities of the United Nations Development Assistance Framework (UNDAF), namely: (a) decreasing rural vulnerability; (b) developing human capital; (c) promoting gender equity and women's empowerment; and (d) promoting participatory governance.

16. The programme will target women and youth, particularly those marginalized and at risk, while contributing to the realization of five human rights: (a) the right to equitable access to high-quality services; (b) the right to information and empowerment for free choice; (c) the right to protection against abuse and violence; (d) the right to participate in decision-making; and (e) the right to equity and equality.

17. The programme outputs will adhere to a human rights approach to programming, focusing on: (a) the ability of women and youth (as rights-holders) to exercise their rights and to make their own reproductive health decisions; and (b) the capacities of government and non-government institutions (as duty-bearers) to fulfil their obligations.

18. The priority areas will be: (a) reproductive health, including safe motherhood, STIs and HIV/AIDS; (b) services and information for youth; (c) decentralized local planning, integrating gender and population issues; (d)

local information systems for decentralized decision-making; (e) gender-based violence; and (f) capacity-building in women's NGOs and youth NGOs.

#### *Reproductive health component*

19. The UNFPA outcomes in reproductive health, which contribute to the UNDAF priorities, are to: (a) enhance access by rural populations to high-quality reproductive health services; (b) reinforce marginalized groups to enable them exercise their rights to high-quality social and reproductive health services; (c) strengthen the health-sector reform and decentralization processes; and (d) advocacy for equitable access to reproductive health services for all population groups within the newly established health insurance system. These will be achieved through three outputs.

20. Output 1: The efficiency of basic and referral health services, particularly reproductive health and community-based interventions, are reinforced within the framework of a local development plan, formulated through a participatory approach in targeted rural districts. Linked to the second UNDAF priority and to the national human development initiative, this output aims to reduce inequity in rural districts, where poverty is over 30 per cent, by improving access to basic health and to reproductive health hospital services. This will be achieved by: (a) enhancing the skills of health personnel; and (b) community-based actions, including women's education in reproductive health, and local health insurance schemes that facilitate women's access to essential drugs and to hospital-based reproductive health services.

21. Output 2: Complementary sectoral approaches for health, protection and information services (including reproductive health, HIV/AIDS and life skills) targeting adolescents and youth, including those at risk, are consolidated in priority provinces. Linked to the UNDAF priority of strengthening human

and social capital, this output will be achieved by: (a) expanding and improving youth-friendly health services in selected provinces; (b) consolidating school- and community-based peer education in youth structures; and (c) promoting youth participation in planning and managing programmes for youth.

22. Output 3: Management capacities at regional and provincial levels are strengthened to integrate and monitor high-quality reproductive health services, as part of the decentralization and health-sector reform processes. Linked to the UNDAF priority of participatory governance, this output will be achieved by: (a) strengthening regional and provincial structures to assume their roles in the reform and decentralization processes; (b) supporting the decentralized health planning process to fully integrate reproductive health rights and services, especially for women and youth; and (c) promoting collaboration between the health sector and civil society, especially in regard to the reproductive health issues of women and youth.

#### *Population and development component*

23. The two outcomes of the population and development component will contribute to the UNDAF priority of improved democratic governance. The outcomes will seek to reinforce decentralized development planning processes with the active participation of communities, particularly women and youth. This will be achieved through two outputs.

24. Output 1: Local development plans integrating population, gender and reproductive health issues are formulated and monitored in priority regions and provinces, following human rights-based and participatory approaches, based on statistical information and research. This output will be achieved by: (a) building the capacity of regional and provincial government staff to coordinate and implement participatory planning processes, and integrating women's rights and youth rights; (b)

setting up disaggregated information systems directly related to the decision-making process and local plans; and (c) supporting Millennium Development Goal-related studies, especially in the areas of population, gender and youth.

25. Output 2: The capacities of women's and youth NGOs at national and local levels are strengthened to enable them to participate actively in formulating social policies and programmes, and to advocate human rights, primarily gender equity and reproductive health. This output will be achieved by: (a) building the skills of women and youth to participate in community affairs; (b) reinforcing local participatory mechanisms and community associations; and (c) supporting local actors in human rights education, especially with regard to gender equality and participation.

#### *Gender component*

26. Contributing to the UNDAF priority of women's and girls' empowerment, the outcome of this component seeks increased political, programmatic and budgetary commitments in favour of women and girls, including combating violence and abuse against them.

27. Output 1: The gender dimension and the fight against gender-based violence are institutionalized and operationalized into the functions, procedures, action plans and services of key government sectors and civil society. In coordination with other United Nations agencies, this output will be achieved by: (a) institutionalizing a gender approach in sectoral mandates, functions and action plans; (b) setting up prevention and protection services and mechanisms for victims of gender-based violence; and (c) intensifying culturally sensitive advocacy to reduce gender-based violence and the abuse of women and girls.

#### **IV. Programme management, monitoring and evaluation**

28. To optimize results, UNFPA will strengthen its coordination with bilateral and multilateral partners at country level, and will also undertake joint programming with United Nations agencies, primarily in: (a) maternal, infant and child health; (b) adolescent and youth development, protection and health rights; (c) gender equality and the prevention of gender-based violence; (d) decentralized planning and databases; and (e) STIs and HIV/AIDS. The programme will establish inter-agency working groups to facilitate planning, based on comparative advantages, complementary services and common geographical sites.

29. Building on past experiences, the country programme will employ the national execution modality. Programme implementation will involve several government departments at the national and regional levels, national NGOs and local associations.

30. In collaboration with the Ministry of Foreign Affairs and Cooperation, UNFPA will establish a national steering committee with UNDP, the United Nations Children's Fund (UNICEF) and other United Nations agencies, and will include all relevant national partners to ensure follow-up and to facilitate joint evaluations. A midterm review will take place in 2009. A final programme evaluation will occur in 2011.

31. The Government is expected to provide a large portion of programme resources through cost-sharing arrangements. UNFPA will provide \$8 million from core funding and will endeavour to raise additional resources.

32. The country office consists of a representative, two assistant representatives, and four finance and administrative staff, as per the approved office typology. Technical assistance at central and regional levels will be crucial, in order to build national capacity, especially at decentralized levels. Programme funds will be used to finance national

programme personnel and support staff, in order to ensure adequate support, especially at the subnational level. The UNFPA Country Technical Services Team in Amman, Jordan, along with national and regional experts, will provide technical support. UNFPA will encourage South-South cooperation with other Arab States as well as with African countries.

## RESULTS AND RESOURCES FRAMEWORK FOR MOROCCO

<p><b>National priority:</b> (a) decrease in rural vulnerability; (b) strengthening of human and social capital; and (c) human development and democratic governance to reduce poverty and exclusion</p> <p><b>UNDAF priority:</b> (a) rural populations living in extreme poverty are fully integrated into development mechanisms through appropriate policies and programmes; (b) children, youth and vulnerable populations have better access to social services and actively participate in development processes; and (c) capacities of government institutions and civil society are enhanced in democratic governance to ensure sustainable human development and the achievement of the MDGs</p>				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health	<p><u>Outcome:</u> Access of vulnerable rural populations to health services, including reproductive health, is enhanced</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>• Infant and maternal mortality rates</li> <li>• Ratios of basic social services in rural areas</li> <li>• Rural accessibility rate to reproductive health</li> </ul> <p><u>Outcome:</u> Marginalized population groups (children, youth, women and other vulnerable groups), are exercising their rights of access to high-quality social services, including education, health, protection and HIV services</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>• Percentage of youth with knowledge and skills to prevent HIV/AIDS</li> <li>• Prevalence of substance abuse and gender-based violence among youth</li> </ul> <p><u>Outcome:</u> Health-sector reform processes, including rationalization and deconcentration of functions and budgets, are reinforced</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>• Percentage of local plans monitored through a disaggregated local database</li> <li>• Degree of implementation of decentralized sectoral plans</li> </ul>	<p><u>Output 1:</u> The efficiency of basic and referral health services, particularly reproductive health and community-based interventions, are reinforced within the framework of a local development plan, formulated through a participatory approach in targeted rural districts</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>• Percentage of districts with an integrated development plan</li> <li>• Percentage of health units offering a minimum package of reproductive health services in targeted districts</li> <li>• Evolution of reproductive health service indicators in targeted districts</li> </ul> <p><u>Output 2:</u> Complementary sectoral approaches for health, protection and information services (including reproductive health, HIV/AIDS and life skills) targeting adolescents and youth, including those at risk, are consolidated in priority provinces</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>• Number of sectoral policies integrating youth issues</li> <li>• Percentage of implementation of an integrated plan for health services targeting in- and out-of-school youth</li> <li>• Utilization rate of youth-friendly health services</li> <li>• Percentage of youth structures equipped with peer-educator groups and which offer life skills on reproductive health issues</li> </ul> <p><u>Output 3:</u> Management capacities at regional and provincial levels are strengthened to integrate and monitor high-quality reproductive health services, as part of the decentralization and health-sector reform processes</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>• Performance of regional health-management structures</li> <li>• Implementation rate of regional and provincial plans</li> <li>• Level of integration of reproductive health components into regional health plans</li> </ul>	<p>Ministries of Health and Social Development; local authorities</p> <p>Local NGOs</p> <p>UNICEF, World Health Organization (WHO); Bilateral cooperation</p> <p>Ministries of Health; Education; Youth; and Social Development</p> <p>Local NGOs</p> <p>WHO; UNICEF; United Nations Educational, Scientific and Cultural Organization (UNESCO); UNDP</p> <p>Bilateral cooperation</p> <p>Ministry of Health; regional delegations</p> <p>WHO; UNICEF</p> <p>Bilateral cooperation</p>	<p>\$10.2 million (\$5.3 million from regular resources and \$4.9 million from other resources)</p>

<b>National priority :</b> human development and democratic governance to reduce poverty and exclusion <b>UNDAF priority :</b> capacities of government institutions and civil society are enhanced in democratic governance to ensure sustainable human development and the achievement of the MDGs				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Population and development	<p><u>Outcome:</u> The decentralization, deconcentration and health-sector reform processes are reinforced</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>• Percentage of local plans monitored through a disaggregated local database</li> <li>• Degree of implementation of decentralized sectoral plans</li> <li>• Percentage of local sectoral plans implemented by local NGOs</li> </ul> <p><u>Outcome:</u> Women's and youth participation, and their exercise of human rights, are reinforced</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> <li>• Percentage of women at high decision-making levels and in parliament</li> </ul>	<p><u>Output 1:</u> Local development plans integrating population, gender and reproductive health issues are formulated and monitored in priority regions and provinces, following human rights-based and participatory approaches, based on statistical information and research</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>• Number of local plans formulated through a community participatory approach</li> <li>• Percentage of budget of local plans dedicated to reproductive health, women and youth</li> <li>• Number of provinces with a local disaggregated database system and indicators</li> <li>• Number of communities protecting access to reproductive health services through the community-based insurance system</li> </ul> <p><u>Output 2:</u> The capacities of women's and youth NGOs at national and local levels are strengthened to enable them to participate actively in formulating social policies and programmes, and to advocate human rights, primarily gender equity and reproductive health</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>• Percentage of youth structures with youth as members of the management board</li> <li>• Level of participation of women and youth NGOs in the formulation of development plans and MDG reports</li> <li>• Number of districts that have at least one local women's association or NGO</li> </ul>	<p>Local communes; Planning Department; sectoral departments</p> <p>Local NGOs; universities</p> <p>UNICEF; WHO; UNDP</p> <p>Ministries of Youth; Education; and Social Development</p> <p>UNICEF, United Nations Development Fund for Women (UNIFEM)</p> <p>Local NGOs; mass media</p> <p>Bilateral cooperation</p>	<p>\$2.8 million (\$1.4 million from regular resources and \$1.4 million from other resources)</p>

<b>National priority :</b> the empowerment of women and young girls in the political, judicial, economic, social and cultural spheres				
<b>UNDAF priority :</b> significant progress achieved in gender equality, protection of women's rights, and women's participation in public, political, economic and social life				
<b>Programme component</b>	<b>Country programme outcomes, indicators, baselines and targets</b>	<b>Country programme outputs, indicators, baselines and targets</b>	<b>Partners</b>	<b>Indicative resources by programme component</b>
Gender	<p>Increased political, programmatic and budgetary commitments in favour of women and girls, and a decrease in violence and abuse against women</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>• Percentage of sectoral plans and budgets that integrate a gender approach</li> <li>• Reservations to the Convention on the Elimination of all Forms of Discrimination against Women are lifted</li> </ul>	<p><u>Output 1:</u> The gender dimension and the fight against gender-based violence are institutionalized and operationalized into the functions, procedures, action plans and services of key government sectors and civil society</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>• Number of sectoral policies, programmes and action plans that integrate the gender dimension and gender-based violence</li> <li>• Percentage of hospitals, courts and police stations in targeted districts that have a support unit for victims of gender-based violence</li> <li>• Number of NGO centres in targeted districts providing judicial and social support to victims of gender-based violence</li> </ul>	<p>Ministries of Social Development; Justice; Health; and the Interior</p> <p>Local NGOs; mass media</p> <p>UNICEF; UNIFEM</p> <p>Bilateral cooperation</p>	<p>\$1.5 million (\$0.8 million from regular resources: and \$0.7 million from other resources)</p> <hr/> <p>Programme coordination and assistance: \$0.5 million from regular resources</p>